

U.S. Department of Justice  
 United States Marshals Service

**PROCESS RECEIPT AND RETURN**

RECEIVED US MARSHALS SERVICE APR 9 2008 NORTHERN DISTRICT OF CALIFORNIA		"Instructions for Service by U.S. Marshal" COURT CASE NUMBER 08 AP 21 532 PJH TYPE OF PROCESS Summons Order and Complaint CLERK, U.S. DISTRICT COURT NORTHERN DISTRICT OF CALIFORNIA	
PLAINTIFF	Larry Richards		
DEFENDANT	Michael J. Astrue		
SERVE AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN		
	Civil Process Clerk, U.S.A.G.		
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 450 Golden Gate Avenue, Box 36055 San Francisco, CA 94102		
SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW		Number of process to be served with this Form 285	4
Larry Richards 2625 Alcatraz Avenue, #317 Berkeley, CA 94705		Number of parties to be served in this case	3
		Check for service on U.S.A.	

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney or other Originator requesting service on behalf of:	<input checked="" type="checkbox"/> PLAINTIFF <input type="checkbox"/> DEFENDANT	TELEPHONE NUMBER	DATE
<i>Felicia Reloba</i> <b>Felicia Reloba</b>		415-522-2000	4/9/08

**SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-- DO NOT WRITE BELOW THIS LINE**

I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Total Process 4	District of Origin No. 11	District to Serve No. 11	Signature of Authorized USMS Deputy or Clerk <i>Kelly Mc</i>	Date 04/11/08
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I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above) <i>DIANN LACKEN - PARALEGAL</i>	<input type="checkbox"/> A person of suitable age and discretion then residing in defendant's usual place of abode
Address (complete only different than shown above)	Date 04/16/08 Time 10 <sup>00</sup> <input checked="" type="checkbox"/> am <input type="checkbox"/> pm Signature of U.S. Marshal or Deputy <i>[Signature]</i>

Service Fee \$45.00	Total Mileage Charges including endeavors 0	Forwarding Fee 0	Total Charges \$45.00	Advance Deposits	Amount owed to U.S. Marshal* or (Amount of Refund*) \$0.00
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REMARKS:

PRINT 5 COPIES:

1. CLERK OF THE COURT
2. USMS RECORD
3. NOTICE OF SERVICE
4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
5. ACKNOWLEDGMENT OF RECEIPT

PRIOR EDITIONS MAY BE USED

USM-285 is a 5-part form. Fill out the form and print 5 copies. Sign as needed and route as specified below.

U.S. Department of Justice  
United States Marshals ServiceRECEIVED  
US MARSHALS SERVICE

## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF

Larry Richards

DEFENDANT

Michael J. Astrue

APR 9 2008

NORTHERN DISTRICT  
OF CALIFORNIA

COURT CASE NUMBER

CV-08-1532 PJH

TYPE OF PROCESS

Summons Order and Complaint

SERVE  
AT

NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC. TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN

SSA Office of the General Counsel

ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code)

333 Market Street, Suite 1500 San Francisco, CA 94105

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW

Larry Richards  
2625 Alcatraz Avenue, #317  
Berkeley, CA 94705Number of process to be  
served with this Form 285

4

Number of parties to be  
served in this case

3

Check for service  
on U.S.A.SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses,  
All Telephone Numbers, and Estimated Times Available for Service):

Fold

Fold

Signature of Attorney or Originator requesting service on behalf of:

☒ PLAINTIFF☐ DEFENDANT

TELEPHONE NUMBER

415-522-2000

DATE

4/9/08

Felicia Reloba

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number of process indicated.  
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than one USM 285 is submitted)

Total Process

4

District of  
Origin

No. 11

District to  
Serve

No. 11

Signature of Authorized USMS Deputy or Clerk

Keely McJ

Date

04/11/08

I hereby certify and return that I ☒ have personally served, ☐ have legal evidence of service, ☐ have executed as shown in "Remarks", the process described  
on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)

Name and title of individual served (if not shown above)

x B. G. P. - CHIEF REGIONAL COUNSEL

☐ A person of suitable age and discretion  
then residing in defendant's usual place  
of abode

Address (complete only different than shown above)

Date

04/16/08

Time

11:30

☐ am  
☒ pm

Signature of U.S. Marshal or Deputy

Reloba

Service Fee

\$45

Total Mileage Charges  
including endeavors)

Forwarding Fee

Total Charges

Advance Deposits

Amount owed to U.S. Marshal\* or  
(Amount of Refund\*)

\$0.00

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Form USM-285  
Rev. 12/15/80  
Automated 01/00